


## Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name: City of Falls City ID #: 4100297 Month/Year: September 2024

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading (NTU)	Peak Hourly Flow (GPM)
1							.06	390
2							.06	400
3							.06	406
4							.06	382
5							.06	392
6							.06	396
7							.06	389
8							.06	403
9							.06	405
10							.06	386
11							.05	392
12							.05	373
13							.05	364
14							.06	364
15							.06	370
16							.05	353
17							.05	386
18							.05	355
19							.05	384
20							.05	391
21							.05	377
22							.05	386
23							.05	387
24							.05	381
25							.05	376
26							.05	363
27							.05	373
28							.05	366
29							.05	385
30								
31								

<b>Conventional or Direct Filtration</b>	<b>Monthly Summary (Answer Yes or No)</b>		
95% of turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	Cl <sub>2</sub> residual measured in 95% of distribution samples? <input checked="" type="checkbox"/> Yes / No
All turbidity readings < 1 NTU? <input checked="" type="checkbox"/> Yes / No			
All turbidity readings < IFE triggers? <input checked="" type="checkbox"/> Yes / No			
- OR -	PRINTED NAME: <u>Jonathan Creekmore</u>		
<b>Slow Sand/Cartridge/Membrane/DE Filtration</b>	SIGNATURE: 	DATE: <u>9-30-24</u>	
95% of turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No	PHONE #: <u>(503) 787-3631</u>	CERT #:	
All turbidity readings < 5 NTU? <input checked="" type="checkbox"/> Yes / No			

<sup>1</sup> IFE = Individual Filter Effluent

**Oregon DHS - Drinking Water Program – Surface Water Quality Data Form**

System Name: City of Falls City

ID #: 41 00297

Month/Year: September 2024

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met?
	ppm or mg/L	minutes	CXT	°C		Use tables	Yes / No
1/	1.2	127	152	16	7.3	31	Yes
2/	1.2	127	152	16	7.2	31	Yes
3/	1.3	127	165	16	7.3	31	Yes
4/	1.3	127	165	15	7.3	31	Yes
5/	1.3	127	165	16	7.2	31	Yes
6/	1.1	127	140	16	7.1	30	Yes
7/	1.1	127	140	16	7.0	25	Yes
8/	1.1	127	140	17	7.0	25	Yes
9/	1.4	127	178	17	7.1	26	Yes
10/	1.3	127	165	17	7.1	31	Yes
11/	1.2	127	152	17	7.1	31	Yes
12/	1.2	127	152	16	7.2	31	Yes
13/	1.4	127	178	16	7.3	31	Yes
14/	1.5	127	191	15	7.3	31	Yes
15/	1.5	127	191	15	7.4	31	Yes
16/	1.6	127	203	15	7.4	32	Yes
17/	1.5	127	191	15	7.4	31	Yes
18/	1.5	127	191	15	7.5	31	Yes
19/	1.4	127	178	15	7.5	31	Yes
20/	1.4	127	178	15	7.5	31	Yes
21/	1.3	127	165	15	7.5	31	Yes
22/	1.3	127	165	14	7.5	47	Yes
23/	1.5	127	191	14	7.4	47	Yes
24/	1.5	127	191	15	7.3	31	Yes
25/	1.4	127	178	15	7.1	31	Yes
26/	1.4	127	178	15	7.3	31	Yes
27/	1.3	127	165	15	7.3	31	Yes
28/	1.2	127	152	14	7.3	46	Yes
29/	1.3	127	165	14	7.3	46	Yes
30/	1.8	127	228	13	7.4	49	Yes
31/							